Immunize Utah

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Revisions to School Rule Official

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Utah Immunization Program

A revised immunization rule for students is now official. The revisions include the addition of **Varicella** and **Hepatitis A** vaccines to kindergarten entry requirements. Although these requirements will not officially go into affect until *July 1, 2002*, they have been written into the current school rule with the official effective date of July 1, 2002. When these requirements go into affect, a parent will be able to sign a child's school immunization record verifying the child has had "chickenpox" and does not need the Varicella vaccine. This parental verification will only apply to Varicella. Written proof of receiving all other immunizations is required.

The entire school rule has been revised for clarity. The rule was shortened and the requirements for each individual antigen incorporated into a guidebook, which is a companion to the school rule. This guidebook explains the schedule and requirements for each antigen. It will help school nurses and other school officials, who must interpret immunization records to ensure a student is in compliance for school attendance. A copy of the guidebook will be made available to all VFC providers, schools, school nurses, licensed child care facilities and Head Starts.

One additional revision to the school rule concerns exemptions. Medical, religious, and personal exemptions to immunizations may be claimed. The appropriate Utah Department of Health exemption form must now accompany each exemption claimed. The exemption form must be signed and attached to the student's official school immunization record (the "pink" card). The personal and religious exemption forms will be made available at all local health departments where individuals may obtain one. The medical exemption form will be made available to physicians from the Utah Immunization Program. Instead of a physician signing the back of the "pink" card, the physician will complete the medical exemption form, giving a copy to the parent to provide to the school official. All exemption forms will be available in August.

Utah continues to make progress in protecting children from many vaccine-preventable diseases. For the 2000-2001 school year, 93.2% of all kindergarten students were immunized for DTaP, Polio, Measles, Mumps, Rubella, and Hepatitis B. For students, kindergarten through twelfth grade, 97.8% had two doses of Measles. This progress has been made in part with the combined efforts of many dedicated physicians, other health care professionals, school nurses, and school officials who strive to ensure Utah's children have happy and healthy lives. Your help is greatly appreciated and we encourage you to keep up the good work. For more information on the school rule contact Caroline Green at (801) 538-9450.

Inside this Issue

* Missionary Immunization Requirements
* Helpful Hints for Ordering Vaccine
* Correction!
* MMR Vaccine & Autism
* Don't Miss the Olympic Fun Because of the Flu
* 2001 Care-A-Van Schedule

Future Missionary? . . . Immunize Now!

Utah Immunization Program
Linda Abel, BSN, MPA
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and
H. Phillip Gresham, MPA
CDC Public Health Advisor

The Church of Jesus Christ of Latter-day Saints is well known for the missionaries it sends throughout the world. This puts the Utah Immunization Program in a unique position as the only state in the nation to have a "Missionary Immunization Schedule" as a category on its web site. We enjoy that uniqueness, but at the same time it presents some special challenges for the program and public/private health care providers in addressing immunization needs.

The Church operates more than 330 missions in the world. Currently, some 60,000 Latter-day Saints are participating in missions around the world. Approximately 75 percent of the Church's missionaries are young men between the ages of 19 and 26.

Before leaving on a mission, each missionary is assigned to one of 15 missionary training centers (MTC)around the world. This past year with the opening of the MTC in Brazil and as others are opened, missionaries will go directly to an MTC in the country they will serve and must now receive all immunizations needed before they leave.

Missionaries are not tourists, and they often serve in remote or rural areas in close contact with local residents. For this reason, parents and the future missionary need to know that the Church may require more stringent immunizations than those normally recommended for international travel. They should be informed of the requirements and the time necessary to complete them especially as Hepatitis A and B are now required for all assignments.

In the past the MTC in Provo could give catch-up immunizations if something was missing. Providers will now have an increased burden to assist in completing all required immunizations. According to the Church *Immunization/Preventive Medication Requirements* "if the young person has not completed their immunizations before going into the MTC, they may lose time, incur additional expense, or a change of assignment may be made."

Providers need to counsel parents and adolescent patients that if serving a mission is a life goal than part of the early planning/preparation needs to include immunizations. Many of the same immunizations are also now college entrance recommendations for Utah colleges. Also, if the adolescent is immunized before turning age 19, they may be covered under their family insurance plan, qualify for VFC, or CHIP, and the family will be spared one extra personal expense in the rush to get ready.

The Immunization Program has received inquiries from providers about authorizing shorter intervals for Hepatitis A and B. The Immunization Program cannot change national immunization schedules/ recommendations. ***As best practice and standard of care, every health care provider should follow the most current Advisory Committee on Immunization Practice (ACIP) recommendations***. Combination vaccines now available may assist, but alone are not the answer. The answer is to continually assess the immunization status of all patients on an ongoing basis and not miss any opportunity to educate and vaccinate!

"Continually assess the immunization status of all patients on an ongoing basis and not miss any opportunity to educate and vaccinate!"

Helpful Hints for Ordering Vaccine

Jan M. Kilpack, RN, BSN
VFC Coordinator
Utah Immunization Program

Vaccine delivery schedules are determined by the day of the week the order is received by the Utah Vaccines for Children (VFC) Program and the preferred delivery days and times you have indicated on your *Provider Profile and Enrollment* form.

- Vaccines are shipped overnight on Monday, Tuesday, or Wednesday, from our depot, General Injectables & Vaccines, Inc. (GIV), which is located in Bastian, Virginia. All vaccines housed at GIV have been purchased prior to the time you order them.
- No vaccines are shipped from GIV on Thursday or Friday to avoid weekend delivery and vaccine spoilage.
- Orders received Monday through Wednesday will typically be delivered the following week.
- Orders received Thursday and Friday will be delivered in two weeks, not the following week.
- Varicella is shipped separately from other vaccines, directly from the manufacturer (Merck). Your Varicella order is approved by the Centers for Disease Control and Prevention (CDC) and forwarded on to Merck after your order is placed with the Utah VFC Program. Varicella can usually be expected the following week. However, there may be situations in which delivery will be delayed a week or two.
- To avoid vaccine shortage, order vaccines **at least 30 days in advance** of inventory depletion.

Vaccine orders will be filled with a vaccine brand in inventory, if the brand selected is not available or a particular brand has a short expiration date. It is important to use those vaccines first that have short expiration dates to minimize additional costs and vaccine shortages. ✓

Mark Your Calendars !

Hepatitis Coordinators Conference
Richmond, VA — July 30 – Aug 2

Epidemiology & Prevention of Vaccine-Preventable Diseases Course
Atlanta, GA — August 14– 15

CDC Satellite Broadcasts

Immunization Update — September 29

Continuing education credits are offered for each broadcast. For more info. contact Melissa Hawkins at (801) 538-9450.

CORRECTION! CORRECTION!

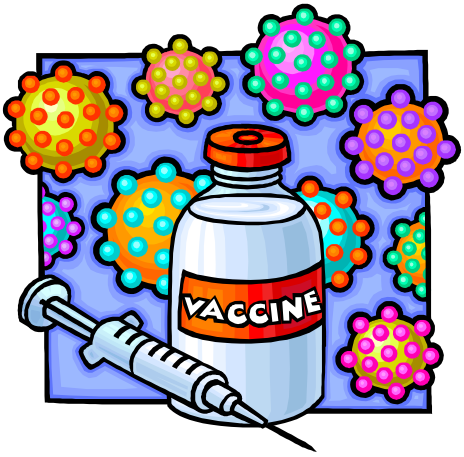
Some of our perceptive providers noticed an error in the Vaccine Management article in the last newsletter. Under the title "R- Reconstitute with Care" was the caption, "Use only the diluent (substance injected into a powdered vaccine to make it a liquid so that it can be administered) that is supplied to reconstitute a vaccine." **This is correct, but the example was wrong!** It is perfectly acceptable to use Merck's live virus vaccine for reconstitution of both MMR and Varicella, since both vaccines are manufactured by Merck. Don't interchange diluents for different vaccines from different manufacturers. For instance, don't reconstitute MMR with Hib diluent (MMR and Hib are from two different manufacturers). The author apologizes for the confusion and thanks our providers for their sharp eyes! ⌘

MMR Vaccine and Autism...Is There a Link?

Rebecca Ward, BS
Education/Outreach Specialist
Utah Immunization Program

Immunizations are recognized as one of the most successful and cost-effective public health tools available for protecting individuals from serious disease and death. Use of vaccines has reduced the incidence of vaccine-preventable diseases to record lows. Yet with all the success we have experienced, there remains controversy over vaccine safety. The abundance of anti-vaccine material in print and on the internet contributes much to parents' confusion; often distorting facts and obscuring the benefits of vaccines.

Recently, there has been a considerable amount of public interest in a theory proposed by a British physician that the measles-mumps-rubella (MMR) vaccine is linked to the development of Autism Spectrum Disorder (ASD). The study, based on only 12 children, was published in the *Lancet* in 1998. The initial hypothesis first attempted to link measles disease and vaccination to bowel diseases. The researcher suggested that MMR vaccination led to intestinal abnormalities, resulting in impaired intestinal function and development regression within 24 hours to a few weeks of vaccination.



The problem is that there were no scientific analyses presented to substantiate this claim. At least 4 of the 12 patients had behavioral problems prior to the onset of symptoms of inflammatory bowel disease, the supposed mechanism for autism after the MMR vaccination. Most significantly, a later publication from the same research group has shown that patients with inflammatory bowel disease were negative for measles virus indicating that measles virus is not responsible for inflammatory bowel disease.

While the issue of MMR and autism is not new in the world of vaccines, the British study has certainly rekindled the fires of discussion and provided the impetus for further investigation. Subsequent research concluded that scientific data does not support a causal association between the MMR vaccine and autism. One study conducted by Taylor and coworkers used the same British population and was also published in the *Lancet* in 1999. The study determined that while autism cases have been increasing in London, the increase was not associated with the introduction of the MMR vaccine. Moreover, in autistic patients, vaccination did not result in earlier expression of symptoms, and most significantly, the incidence of autism was the same in children who received the MMR vaccine when compared to children who did not receive the vaccine.

Numerous studies and research exist to indicate that there is no causal association between the MMR vaccine and autism. Listed below are just a few of the studies for further reference.

The National Alliance for Autism Research published an article, "The ABCs of MMRs and DTPs: Is there an association between vaccination and autism?" in their Fall 1998 newsletter. The article states: ". . .there has been little if any scientific evidence to substantiate an association between vaccination and autism," and that "The lack of data to support a connection between vaccine and autism makes sense given the increasing body of information concerning when the neurobiological difference associated with autism first occur."

The Centers for Disease Control and Prevention has a fact sheet entitled "Vaccine and Autism" that reviews the limitations of the 1998 British study.

Researchers with the **Immunization Branch of the California Department of Health Services in Berkeley** examined immunization coverage measures of children who had received MMR immunization by the age of 17 months – just prior to the typical age of the onset of autism – and those who had received immunization by the age of 24 months – just afterwards. Data was gathered from 1980 onward. The researchers concluded, "To date, published observations based on empirical evidence do not suggest that increased MMR

immunization among young children is associated with secular increases in cases of autism."

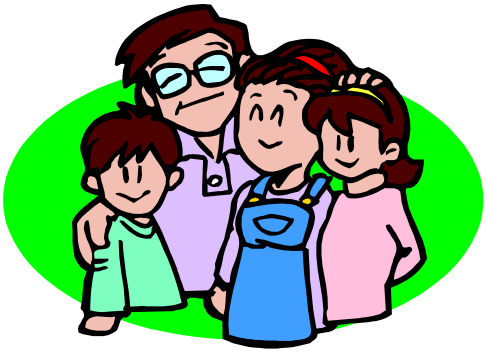
The Institute for Vaccine Safety of the John Hopkins University has details on studies demonstrating the lack of causality between the MMR vaccine and autism.

On April 23, 2001, the **Institute of Medicine's Committee on Immunization Safety Review** released a report in which they conclude that the evidence favors rejection of a causal relationship between the MMR vaccine and ASD. Rep. Dan Burton (R-Indiana) requested this report as a result of Congressional hearings. The committee concluded that:

- the epidemiological evidence shows no association between the MMR vaccine and autism;
- case studies based on small numbers of children with autism and bowel disease do not provide enough evidence to draw a conclusion about a causal relationship between these symptoms and administration of the vaccine;
- biological models linking MMR and autism are "fragmentary;" and
- there is no relevant animal model linking MMR with autism.

However, the Committee notes that its conclusion does not exclude the possibility that MMR vaccine could contribute to ASD in a small number of children, because the epidemiological evidence lacks the precision to assess rare occurrences of a response to MMR vaccine leading to ASD, and the proposed biological models linking MMR vaccine to ASD although far from established, are nevertheless not disproved.

In summary, there is no scientific evidence to support an association between MMR vaccine and autism.✲



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Pediatrics. Measles-Mumps-Rubella Vaccine and Autistic Spectrum Disorder: Report from the New Challenges in Childhood Immunizations Conference Convened in Oak Brook, Illinois, June 12-13, 2000. Available at http://www.pediatrics.org/cgi/content/fu…&stored_search=&FIRSTINDEX=10&volume=107.

Journal of American Medical Association. Time Trends in autism and in MMR Immunization Coverage in California. Available at http://www.jama.com (03/07/01) Vol. 285, No.9, P. 1189; Dales, Loring; Hammer, Sandra Jo; Smith, Natalie J.

Don't Miss the Olympic Fun Because of the Flu

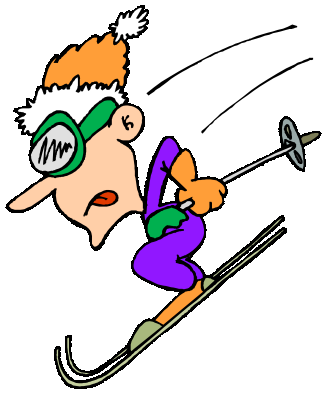
Carlie Shurtliff
Adult Immunization Coordinator
Utah Immunization Program

Preparation for the 2001/2002 Influenza season in Utah will present unique challenges due to the influenza season coinciding with the 2002 Winter Olympics. Olympic activities will expand the possibility for importation of influenza viruses as well as expanding the possible exposure through crowd settings, therefore attaining high levels of vaccination coverage with influenza and pneumococcal vaccines is optimal.

The Utah State Immunization Program encourages all providers to follow uniform guidelines to assure that available vaccine reaches the highest risk populations first. Preliminary information from vaccine manufacturers suggest that more influenza vaccine will be available this year than last year, but delays in the distribution of influenza vaccine will occur. **The Advisory Committee on Immunization Practices (ACIP) recommends all providers should actively target persons at increased risk of influenza complications and health care workers for vaccination with the available vaccine in September and October.** Providers should continue vaccinating patients, especially those at high risk and the contacts of high risk-patients, through December and later, as long as vaccine is available.

People at High Risk of Complications:

- 65 years old, or older.
- Residents of nursing homes and other chronic-care facilities that care for people of any age who have chronic medical conditions.
- Adults and **children** having chronic disorders of the pulmonary or cardiovascular systems, including asthma.
- Adults and **children** who have had medical treatment or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus).
- Children and teenagers, 6 months to 18 years old, receiving long-term aspirin therapy (could develop Reyes syndrome after influenza infection).
- Women in the second or third trimester of pregnancy during the influenza season.
- People between 50 and 64 years old (due to increased prevalence of high risk conditions).



People Who Can Transmit Influenza to Those at High Risk:

- Physicians, nurses, and other personnel in both hospitals and outpatient-care settings, including emergency response workers.
- Employees of nursing homes and chronic-care facilities who have contact with patients or residents.
- Employees of assisted living and other residences for people in high-risk groups.
- People who provide home care to people in high-risk groups.
- Household members, **including children**, living with people in high-risk groups.

In the United States, seasonal influenza activity can begin to increase as early as November or December but has not reached peak levels in the majority of recent seasons in Utah until January through February. Adults develop peak antibody protection against influenza infection two weeks after vaccination. Therefore vaccine administered after November is likely to be beneficial in most influenza seasons. **Persons who are not at high risk are encouraged to seek influenza vaccine in November and later when additional vaccine supply becomes available.** For more information on adult immunizations contact Carlie Shurtliff at (801) 538-9450. ❄

CARE-A-VAN Schedule 2001

July 2001

July 9, Mon
McDonalds, 180 North Main, **Smithfield**
4-7 pm
July 10, Tues
McDonalds, 810 North Main, **Logan**
4-7 pm
July 11, Wed.
McDonalds, 1611 North State, **Orem**
4-7 pm
July 12, Thurs.
McDonalds, 312 State Rd., **Pleasant Grove**
4-7 pm
July 18, Wed.
McDonalds, 2605 North 400 East, **North Ogden**
4-7 pm
July 30, Mon.
McDonalds, 3464 West 3500 South, **WVC**
4-7 pm

August 2001

August 1, Wed.
Morgan Courthouse
48 West Young Street, **Morgan**
4-7 pm
August 8, Wed.
McDonalds, 209 S. Main Street, **Tooele**
4-7 pm
August 9, 10, 11 Thurs.-Sat.
Care Fair, Junior League
Horizonte Center, 1234 S. Main, **Salt Lake City**
August 15, Wed.
Healthy Sandy Community Project
Sprucewood Elementary
12025 South 10000 East, **Sandy**
4-7 pm
August 16, Thurs.
950 E. Expressway Lane, **Spanish Fork**
4-7 pm
August 22, Wed.
McDonalds, 4217 South
Redwood Rd, **Taylorsville**
4-7 pm
August 27, Mon.
McDonalds, 955 E Main, **Price**
4-7 pm
August 29, Wed.
McDonalds, 1075 E. Gentile,
Layton, 4-7 pm

September 2001

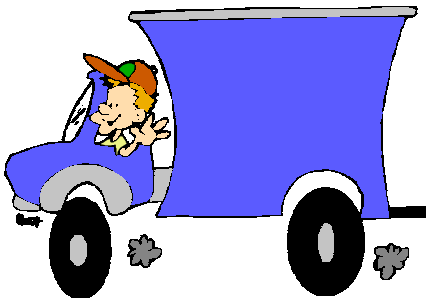
Sept. 5, Wed.
McDonalds, 1111 Washington Blvd., **Ogden**
4-7 pm
Sept. 10, Mon.
McDonalds, 1780 West 7800 South, **West Jordan**
4-7 pm
Sept. 12, Wed.
Health Sandy Community Project
Crescent Elementary, 1100 South 230 East, **Sandy**
4-7 pm
Sept. 15, Sat
Boys & Girls Club of Murray-Midvale
7631 Chapel St., **Midvale**
10-2 pm
Sept. 17, Mon.
McDonalds, 312 State Rd., **Pleasant Grove**
4-7 pm
Sept. 19, Wed.
McDonalds, 2605 North 400 East, **North Ogden**
4-7 pm
Sept. 24, Mon
McDonalds, 1611 North State, **Orem**
4-7 pm

October 2001

Oct. 17, Wed.
Healthy Sandy Community Project
Peruvian Park Elementary
1545 East 8425 South, **Sandy**
4-7 pm
Oct. 24, Wed.
McDonalds, 950 E. Expressway Lane,
Spanish Fork
4-7 pm

November 2001

Nov 3, Sat.
Healthy Sandy Community Project
Jordan High School
95 E. Beetdigger, **Sandy**
9-1 pm



Utah Department of Health
IMMUNIZATION PROGRAM
Immunize for healthy lives

P.O. Box 142001
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Salt Lake City, UT 84114-2001

Notice to Providers

TETANUS BOOSTER DEFERRAL

As you are aware, there is currently a nationwide shortage of tetanus-diphtheria toxoid (Td) and tetanus toxoid (TT) vaccines. All tetanus-diphtheria toxoid in the United States is now produced by Aventis Pasteur. Although Aventis Pasteur has increased production of Td, it is not known for certain how long the shortage will last, but it is anticipated to last at least through the year 2001.

A new recommendation was made on May 25, 2001, by the Centers for Disease Control and Prevention (CDC) that "all routine Td boosters in adolescents and adults should be delayed until 2002. Td use should follow existing recommendations for all other indications, which include: 1) persons traveling to a country where the risk for diphtheria is high; 2) persons requiring tetanus vaccination for wound management; 3) persons who have received <3 doses of any vaccine containing tetanus and diphtheria toxoids; and 4) pregnant women who have not been vaccinated with Td during the preceding 10 years."

"CDC recommends that health-care providers, including clinic personnel, record the names of patients whose booster dose is delayed during the shortage. When Td supplies are restored, these patients should be notified to return to their health-care provider for vaccination."

DON'T VACCINATE UNTIL 2002

Routine Adult Booster
Routine Adolescent Booster

VACCINATE AS USUAL

Wound Management
Foreign Travel
Incomplete Primary Series
Pregnancy